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ABSTRACT

This is a comprehensive bibliography for all those in the alcohol, drug abuse and mental health fields who are developing and implementing programs for assuring quality in the services they provide. A major problem is the newness of the language and the unfamilarity with procedures required by the government and others seeking accountability from services providers. Many entries concern the Professional Standards Review Organization (PSRO) Program and its background. Other entries cite experiences of model quality assurance programs, program evaluations, medical records and confidentiality. (Author/BMW)

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QUALITY ASSURANCE for Alcohol, Drug Abuse, and Mental Health Services:

An Annotated Bibliography

by
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

FOREWORD

This annotated bibliography has been prepared for all those in the alcohol, drug abuse, and mental health fields who are developing programs for assuring quality in the services they provide. There are many important problems to be faced in the health quality assurance area, not the least of which is the newness of the language and the unfamiliarity of the procedures which are being required by the Federal Government and others seeking accountability from service providers. In spite of the fact that widespread systematic attempts to assess and improve the quality of clinical care are quite recent, a considerable body of experience is already developing. Hopefully this bibliography will serve to make this experience more readily available.

Gerald L. Klerman, M.D.
Administrator

PREFACE

Hundreds of articles and books have been written about quality assurance in health care. This bibliography gathers most of what has been written about alcohol, drug abuse, and mental health quality assurance. A great many of the bibliographical entries concern the Professional Standards Review Organization (PSRO) Program and its background. Other entries cite the experiences of model quality assurance programs and will be of interest especially to those developing such programs. In addition, a few general articles from such related areas as program evaluation, medical records, and confidentiality have been included. We hope that adequate information has been abstracted from each source to allow the reader to reasonably decide whether to retrieve the article for further inspection. This bibliography is intended to give the reader an overview of current thought and activity in mental health quality assurance and is not intended to replace the original sources.

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Abbott, J.A.; Goldberg, G.A.; and Becker, C.E. The role of a medical audit in assessing management of alcoholics with acute pancreatitis. *Quarterly Journal of Studies on Alcohol*, XXXV, March 1974. pp. 272-276.

The investigators report their experience in using the medical audit to assess the care given alcoholics in a California general hospital. Using specific diagnostic criteria developed by hospital staff, patient care and discharge planning performance were studied. The audit indicated that physicians largely ignored the need for discharge planning for alcoholics, including referrals for treatment after hospitalization. Procedures have been instituted to correct this deficiency.

Bendit, E.A. "Psychiatrist as Peer Reviewer: A New Subspecialty." Presented at the 129th Annual Meeting, American Psychiatric Association, Miami, Florida, May 1976.

The author explores the impact of P.L. 92-603 (PSRO Statute) on the quality and number of physicians who will become involved in peer review activities. He considers some of the potential roles of the peer reviewer, the strengths and limitations of these roles, and the qualities which seem desirable in those who assume them.

Bennett, W.F. PSRO: A challenge to psychiatry. *American Journal of Psychiatry*, CXXXI, December 1974. pp. 1384-1386.

This is an editorial written by Senator Edward Bennett of Utah, who introduced the legislation authorizing the PSRO program (1972 Amendments to the Social Security Act). The importance of using norms and criteria in the review process and safeguarding the confidentiality of records is stressed.

Black, G.C.; Miller, R.R.; and Ogram, G.F. "Mental Hospital Computerized PSRO System." Presented at the 128th Annual Meeting, American Psychiatric Association, Anaheim, California, May 1975.

This is a report of the automated peer review system used in a demonstration project by three Ohio State mental hospitals and a children's psychiatric treatment facility. The peer review process is briefly described, and some of the results of the demonstration are provided.

Block, W.E. Applying utilization review procedures in a community mental center. *Hospital and Community Psychiatry*, XXVI, June 1975. pp. 358-362.

The author reports the experience of a New York State community mental health center with utilization review. The UR program is structured on a three-tier system of chart review by medical records personnel, a UR technician, and a committee of clinicians. A checklist was developed to assist in the review process. Although the author found that incomplete medical charts limit the effectiveness of a UR program, the UR process has made direct and indirect contributions to the quality of care delivered. CMHC staff attitudes about the review are also reported.

Bonstedt, T., and Smith, J.J. One year's experience with peer review in a psychiatric hospital. *Comprehensive Psychiatry*, XVII, January-February 1976. pp. 195-201.

The authors describe in detail the peer review system at Rollman Psychiatric Institute, Cincinnati, Ohio. At the core of the system is an interdisciplinary team composed of a physician advisor, nurse coordinator, social work coordinator, and clerk.

Carone, P. "Utilization Review." Presented at the 129th Annual Meeting, American Psychiatric Association, Miami, Florida, May 1976.

This is a paper describing the experience of the author as a participant in a UR committee during his residency training. He suggests that such an experience become a part of the residency training curriculum.

Chernesky, R.H., and Lurie, A. Developing a Quality Assurance Program. *Health and Social Work*, I, February 1976. pp. 117-130.

Plans for a quality assurance program in a social work department, based on peer review of medical records, are presented and discussed.

Chodoff, P., and Santora, P. Psychiatric peer review: The Washington, D.C. experience, 1972-1975. *American Journal of Psychiatry*, CXXXII, February 1977. pp. 121-125.

The authors review the experiences, organization, and mode of operation of the Washington Psychiatric Society's Peer review and Utilization Committee. In the paper they tabulate and discuss cases of disputed claims reviewed during the first 4 years of the committee's operation.

Clayton, T. Peer review: A progress report. *Hospital and Community Psychiatry*, XXVII, September 1976. pp. 660-663.

This is a report of peer review activities within the American Psychiatric Association over the past few years.

Cohen, G.D.; Conwell, M.M.; Ozarin, L.; and Ochberg, F.M. PSROs: Problems and potentials for psychiatry. *American Journal of Psychiatry*, CXXXI, December 1974. pp. 1378-1381.

The authors examine the difficulties as well as the opportunities that arise in attempting to integrate psychiatry into the PSRO program. They assert that the potential for the PSRO program to effectively monitor mental health care will depend upon the capability of PSROs to address such issues as: alternatives to hospitalization; appropriate length-of-stay guidelines; multidisciplinary approaches to treatment; confidentiality of data; judicial vs. medical concerns; and cost vs. quality decisions. The importance of having psychiatrists participate at the local, State, and national PSRO levels is stressed.

Conwell, M.M. "The CHAMPUS Experience: A Report on Three Different Models." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

This paper presents three different approaches that have been developed for inpatient hospital review of psychiatric services for a nationwide benefit program for the uniformed services (CHAMPUS). Part I discusses the experiences with residential treatment centers using a national multidisciplinary approach to inpatient peer review. Part II presents preliminary findings from concurrent peer review of inpatient admissions in a single location with a diagnosis of schizophrenia, and Part III describes approaches to setting criteria for third-party payors to conduct peer review of inpatient psychiatric claims.

Diamond, H.H.; Tislow, R.; Snyder, T.; and Rickels, K. Peer review of prescribing patterns in a CMHC. *American Journal of Psychiatry*, CXXXIII, June 1976. pp. 697-699.

This is a description of a peer review and feedback system in a decentralized CMHC linked to continuing education in psychopharmacology. Data are presented which indicate that the system was successful in effecting shifts from polypharmacy toward more appropriate use of psychotropic medications.

Dorsey, R. Utilization review, cost control, and patient care in psychiatry. *Psychiatric Annals*, IV, June 1974. pp. 69-79.

Utilization review (UR) is defined and its history is synoptically presented. The advantages of UR as a means of improving

the quality and efficiency of care are emphasized. Studies are cited which indicate the inconsistencies of a subjective, clinical approach to the review of care, and reliance on explicit standards and criteria is urged.

Dorsey, R. PSROs: Salvation or suicide for psychiatry? *Psychiatric Opinion*, XI, October 1974. pp. 6-12.

In this paper, written at the time the PSRO program had just begun and was meeting much resistance from the medical profession, the author considers the risks and benefits of the program. His conclusion is that the benefits outweigh the risks and that the program should be implemented.

Dorsey, R., and Sullivan, F. PSRO: Advantages, risks and potential pitfalls. *American Journal of Psychiatry*, CXXXII, August 1975. pp. 832-835.

Among the advantages of PSRO activity is its effectiveness in improving the quality of care. Among its potential disadvantages are: Minimal standards may be interpreted as ideal at the program site, and criteria may be developed by government rather than by clinicians. An important risk is the potential weakening of confidentiality. The authors recommend more active physician participation in PSRO to maximize its advantages and minimize its potential disadvantages and risks.

Dorsey, R. "Psychiatric Peer Review: A National View." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

Most psychiatrists have accepted the inevitability, and many have accepted the desirability, of peer review. However, concerns remain in several areas, including the highly individualized nature of psychiatric treatment, the importance of maintaining confidentiality, and the desire for appropriate professional autonomy.

Edelstien, M.G. Psychiatric peer review: A working model. *Hospital and Community Psychiatry*, XXVII, September 1976. pp. 656-659.

The author describes a functioning peer review system in Herrick Memorial Hospital, Berkeley, California. He provides samples of criteria sets used for review.

Edwards, D.W.; Yarvis, R.M.; Mueller, D.P., et al. "Does Patient Satisfaction Correlate with Success?" Presented at the 130th

Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

There is increasing Federal and State emphasis on assessing patient satisfaction as a method of evaluating mental health services. This review of the general medical literature on consumer satisfaction studies indicates that patients generally report high levels of satisfaction, and that satisfaction is often related to factors other than quality of care. There is a lack of agreement on the most appropriate methodology for assessing patient satisfaction.

Fitz, M.D. "Quality Assurance Program: Potential Change Agent." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

The author presents a description of the development of a quality assurance program in a large public mental hospital (Saint Elizabeths Hospital, Washington, D.C.). He discusses the organization of the quality assurance program, its relationship to the PSRO, and issues relating to the review of psychiatric patients.

Flynn, H.R., and Henisz, J.E. Criteria for psychiatric hospitalization: Experience with a checklist for chart review. *American Journal of Psychiatry*, CXXXII. August 1975. pp. 847-850.

This is a report of experience with a modified Whittington checklist for need for hospitalization used at the Connecticut Mental Health Center. The list was useful in evaluating necessity of hospitalization. The authors suggest that this might be an alternative to the use of criteria for the purpose of screening for cases requiring a higher level of review.

Fowler, D.R.; Sullivan, F.; and Samuels, W. "Peer Review and Catastrophic Health Insurance." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

This article describes the first 18 months operation of a health insurance plan (CHIP) instituted in 1975 and the impact of the peer review committee of the Rhode Island District Branch on this plan. A mechanism is described for reviewing services provided under the CHIP legislation which includes both retrospective and concurrent review by the peer review committee.

Gilandas, A.J. Implications of the problem-oriented record for utilization review and continuing education. *Hospital and Community Psychiatry*. XXV, January 1974. pp. 22-24.

The author describes an interdisciplinary team approach using the problem-oriented record as a vehicle for utilization review and continuing education. The team uses a chart review checklist based on both normative and empirical criteria. Chart review also serves as a catalyst for continuing education. Regular seminars are held in which the audit committee reports its findings.

Goldblatt, P.B.; Brauer, L.D.; Garrison, V.; Henisz, J.E.; and Malcolm-Lawes, M. A chart-review checklist for utilization review in a community mental health center. *Hospital and Community Psychiatry*, XXV, November 1973. pp. 753-756.

As an aid to utilization review in a community mental health center, a chart review checklist has been developed so that nonclinical personnel can assess the adequacy of patient care. The review is carried out on three levels. All charts are reviewed in the record room to ensure that necessary forms are complete. To select charts for more intensive review, the nonclinician reviewer responds to a series of yes-no questions concerning the quality of care or adequacy of information. If shortcomings are found, the chart is then reviewed by a senior clinician to determine whether the care is in fact adequate. The utilization review committee discusses instances of inadequate care with the clinician involved in the case and also reviews with the administration any policy issues related to the problems uncovered.

Goran, M. J., and Moga, D.N. The PSRO: A challenge for mental health. *Psychiatric Opinion*, XI, October 1974. pp. 24-28.

The authors describe the PSRO program and explore its relationship to mental health. They point out special problems in mental health, such as difficulties in establishing diagnostic specific criteria and length of stay indicators, and urge mental health leadership in such areas as multidisciplinary criteria development.

Gottesman, D.M. Measuring attitudes about peer review in a university department of psychiatry. *Hospital and Community Psychiatry*, XXV, January 1974. pp. 39-41.

At Duke University's Department of Psychiatry, staff members' attitudes about peer review were measured through a 36-item questionnaire. Two-thirds of the respondents felt that peer review was needed, and 50 percent believed it should not be limited to the work of physicians.

Greenblatt, M. PSROs and peer review: Problems and opportuni-

ties. *Hospital and Community Psychiatry*, XXVI, June 1975. pp. 354-358.

This is an overview of the history of PSRO legislation with consideration of some of the reactions to the program. There is discussion of the American Psychiatric Association position regarding PSRO, and APA's commitment to peer review.

Hays, J.R.; Schoolar, J.C.; and Thorne, M.Q. "Texas: PSRO Problems in a State Hospital System." Presented at the 128th Annual Meeting, American Psychiatric Association, Anaheim, California, May 1975.

Three methods of peer review were designed, implemented, and evaluated by project staff. The three methods employed were reviewed by (1) hospital professional staff, (2) local outside consultants, and (3) visiting departmental professional staff. No statistically significant differences were found in review according to the presence or absence of standard sets of admission criteria and standards of care.

Helser, J. "Group Training in Criteria Setting." Presented at the 129th Annual Meeting, American Psychiatric Association, Miami, Florida, May 1976.

The author of this paper describes the establishment of group sessions for training multidisciplinary teams of health professionals to develop clinical criteria for patient care evaluation.

The technique is useful for peer review of medical records, appropriateness of admissions, diagnostic evaluations, medical audits, treatment planning, management of complications, and discharge planning.

Helt, E.H., and Pelikan, J.A. Quality: Medical care's answer to Madison Avenue. *American Journal of Public Health*, LXV, March 1975. pp. 284-289.

The authors offer a strongly critical view of current efforts in quality assurance. They argue that public accountability cannot be achieved through self-monitoring, since self-monitoring is self-serving. They recommend that more work be done in developing outcome measures of quality of care and not just structure and process measures.

Henisz, J.E.; Goldblatt, P.B.; Flynn, H.R.; and Garrison, V. A comparison of three approaches to patient care appraisal based on chart review. *American Journal of Psychiatry*, CXXXI, 1974. pp. 1142-1144.

An innovative three-level system of chart review is presented. This system is compared to two other systems: a traditional chart review performed by a mental health professional and a questionnaire approach also conducted by a mental health professional.

Hertzman M, "Politics, Psychiatry, and PSRO." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

The author reviews some of the issues relating to review of psychiatric care. He emphasizes that the political process of PSRO is a feedback loop in which PSRO policies can be modified.

"*Implementation Manual: Peer Review System for Public Mental Hospital[sic]*." DHEW Contract Report. Ohio Department of Mental Health and Mental Retardation, 1974.

This manual grew out of a DHEW-supported effort to assist Ohio public mental hospitals in the development of model peer review methodologies. The Ohio Department of Mental Health and Mental Retardation and the Ohio State Medical Society collaborated in adapting a computerized peer review system that had been developed by the Society to four State mental hospitals.

Jones, H. A systems approach to psychiatric utilization review. *Northwest Medicine*. LXXI, April 1972. pp. 288-291.

The author suggests ways in which utilization review can give physicians an opportunity to broaden their participation and power in hospital management. A method is described for solution of problems raised by systems analysis.

Karasu, T.B.; Stein, S.P.; Kass, F.I.; Buckley, P.J.; and Charles, E.S. "A Model Peer Review System for Psychotherapy." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

An outline of a model peer review system for the monitoring of intensive psychotherapy is described. The process comprises a structured format for case review and guidelines for initial evaluation and followup of patients in psychotherapy.

Kirstein, L., and Weissman, M.M. Utilization review, attempted suicide and involuntary hospitalization. *Journal of Nervous and Mental Disease*. CLXIII, August 1976. pp. 102-107.

This is a report of a prospective study to develop utilization review standards for the hospitalization of suicide attempters.

Issues of medical responsibility versus social control are discussed, and case examples are given of patients with high suicide potential who were not hospitalized. The value of developing explicit criteria in this area is emphasized.

Kirstein, L., and Weissman, M.M. Utilization review of treatment for suicide attempters: Chart review as patient care evaluation. *American Journal of Psychiatry*, CXXXII, August 1975, pp. 851-855.

The use of chart review as a feasible means of revealing the adequacies and inadequacies of care is demonstrated. Using guidelines developed by a panel of experts, a chart review of patients revealed 16 of 32 with adequate treatment disposition, 10 with inadequate treatment disposition, and 4 with questionable disposition.

Knesper, D.M., and Miller, D. Treatment plans for mental health care. *American Journal of Psychiatry*, CXXXIII, January 1976. pp. 45-50.

The authors present a method for developing process criteria for the care of defined subpopulations of psychiatric patients. Patient subpopulations, described by both a traditional psychopathological problem cluster and a less traditional psychosocial problem cluster, are matched to a list of problem-solving services to develop a model treatment plan. The authors present this method for developing standard treatment plans as an alternative to the American Psychiatric Association's model criteria sets.

Kopolow, L.E. "Mental health in the middle: Quality assurance and professional accountability. *Hospital and Community Psychiatry*, XXVII, August 1976. pp. 586-588.

This is an analysis of the involvement of courts, consumers, providers, and State and Federal Government in assuring quality care. A brief historical precis of the various quality assurance activities of each group is provided, including discussion of relevant regulations and court decisions.

Koran, L.M. Medical progress: The reliability of clinical methods, data and judgments (Part I and Part II). *The New England Journal of Medicine*, CCXCIII, September and October 1975. pp. 642-646, 695-701.

The author reviews physician reliability in eliciting physical signs, interpreting procedures, making diagnoses from physical examinations, suggesting appropriate medical treatment, and evaluating the quality of care. Comparing numerous studies reporting inter- and intra- observer agreement rates of such tasks,

the author builds a case for the imperfect reliability of methods, data, and physician judgment in clinical medicine. It is argued that studies of the level of peer physician agreement in assessing the quality of care indicate that physician judgment may have limited dependability and may be of questionable utility in a quality assurance program. Methods for improving the reliability of clinical data, methods, and judgments are suggested as are recommendations for improving research studies attempting to quantify physician agreement rates.

Kubie, L.S. The process of evaluation of therapy in psychiatry. *Archives of General Psychiatry*, XXVIII, June 1973. pp. 880-884.

Some of the problems inherent in evaluating the outcome of psychotherapy, especially that of the effect which the timing of the evaluation itself has on the outcome is discussed. The problems in evaluating psychotherapy are compared to those of evaluating education.

Langsley, D.G. Peer review: Prospects and problems. *American Journal of Psychiatry*, CXXX, March 1973. pp. 301-304.

The author discusses the American Psychiatric Association peer review guidelines and urges psychiatrists to become involved in peer review through their district branches. He stresses the need for protection of client confidentiality and the need for development of legal safeguards to protect those serving on peer review committees.

Langsley, D.G., and Lebaron, I. Peer review guidelines: A survey of local standards of treatment. *American Journal of Psychiatry*, CXXXI, December 1974. pp. 1358-1362.

One of the initial attempts by the Central California Psychiatric Society to survey the practice of its 200 members is described. The purpose of the project was to collect data on hospital and office-based psychiatric treatment to develop local standards of practice and norms for treatment. The investigators offer a general discussion on the status of psychiatric peer review and address such issues as confidentiality of records, quality of care vs. cost-containment, and the usefulness of the psychiatric diagnosis.

Levy, A. Private peer review for fiscal control of public funded programs. *Hospital and Community Psychiatry*, XXV, April 1974. pp. 235-238.

This is a description of the Peninsula Hospital quality assurance program. A multidisciplinary committee was established to regu-

late use of services by reviewing proposed or ongoing treatment plans in a case-conference format. The author reports that this plan has effected considerable savings without ignoring patients' needs or affecting individual styles of treatment.

Linn, M.W., and Linn, S.B. Narrowing the gap between medical and mental health evaluation. *Medical Care*, XIII, July 1975. pp. 607-614.

The authors discuss possible methodologies which might be used in medical care evaluation. They suggest that instead of evaluating quality in light of specific criteria sets for particular diagnostic categories (as currently done in the PSRO program), a more accurate approach might be to measure patient-specific, problem-oriented outcomes using individualized goal attainment scales and the problem-oriented medical record.

Lipp, M. Quality control in psychiatry and the problem-oriented system. *International Journal of Psychiatry*, XI, September 1973. pp. 355-365.

The problem-oriented record is outlined and briefly explained, and some of the issues surrounding the implementation of this system are also discussed. It is offered as a viable, practical tool for determinations relating to the process of psychiatric treatment.

Liptzin, B. Quality assurance and psychiatric practices: A review. *American Journal of Psychiatry*, CXXXI, December 1974. pp. 1374-1377.

The author discusses some of the difficulties associated with peer review in psychiatry such as inadequate records, lack of agreement on diagnosis, and wide variations in criteria for hospitalization and discharge. He suggests that the PSRO program has the potential to improve recordkeeping; to focus treatment on the reason for hospitalization; to improve continuity of care; and to stimulate medical care research in mental health.

Liptzin, B., and Goran, M.J. "Implications of PSRO Program for Mental Hospitals." Presented at the 128th Annual Meeting, American Psychiatric Association, Anaheim, California, May 1975.

Three demonstration projects are described in this report. Each grantee has produced a manual applicable to its hospital and adaptable to other hospitals. Although these hospitals have made changes in their respective settings, it is reported that many problems remain unsolved.

Lorei, T.W., and Schroeder, N.H. Integrating program evaluation and medical audit. *Hospital and Community Psychiatry*, XXVI, November 1975. pp. 773-785.

Despite conceptual differences between program evaluation and medical audit, the authors note four basic similarities. Each type of evaluation should strive to measure differences between desired and actual results (outcomes), activities (processes), resources (structure), and efficiency (cost-effectiveness, utilization review). An approach is suggested which may be helpful to both evaluators and auditors in defining relationships between these types of evaluation.

Lorish, C. Examining quality assurance systems. *Health and Social Work*, II, May 1977. pp. 21-41.

The author compares quality assurance methods that stress the process of treatment and those methods which stress the linkages between the process and outcome of treatment. The advantages and disadvantages of both methodologies are then discussed. The author prefers those methodologies which stress the linkages between process and outcome because they are much more comprehensive.

Luft, L.L.; Newman, D.E.; and McMickin, P.A. "Peer Review Effects on Patterns of Psychotherapy." Presented at the 128th Annual Meeting, American Psychiatric Association, Anaheim, California, May 1975.

The Peninsula Hospital Community Mental Health Center, Burlingame, California, operates on a private practice model with therapy provided on a fee-for-service basis by psychiatrists, psychologists, and social workers. All center-funded patients are presented to an interdisciplinary peer review committee to authorize payment for treatment. As a result of the review a treatment plan is designed which is agreeable to both clinician and peer committee. The paper describes some of the changes that have resulted from the committee's activities.

Luft, L.L.; Sampson, L.M.; and Newman, D.E. Effects of peer review on out-patient psychotherapy: Therapist and patient follow-up survey. *American Journal of Psychiatry*, CXXXIII, August 1976. pp. 891-895.

This is a report of a survey conducted to evaluate the effects of the Peninsula Hospital peer review system on outpatient psychotherapy. Interviews with 80 therapists and 50 patients indicated that peer review effectively monitored the appropriateness of treatment and allocated limited treatment funds without

unduly interfering with established treatment relationships or outcomes.

Marvit, R.C. "Peer Review: Everybody's Concern, Nobody's Business." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

The author explores the Hawaii American Psychiatric Association district branch efforts to implement a peer review system while coping with a vast array of Federal/State legislative changes as well as threatened and actual litigation. He describes the problem-solving techniques devised to handle a case in the hope that other branches may profit from this experience.

McMillan, J.J. Peer review and professional standards for psychologists rendering personal health services. *Professional Psychology*, V, February 1974. pp. 51-58.

This article reports on a 1972 American Psychiatric Association special meeting designed to deal with problems and issues of health insurance coverage for psychologists as independent providers of care. In discussing this APA session, the author highlights professional standards, quality control, and reimbursement and claims issues. Meeting participants prepared a draft statement defining the "qualified psychologist" and offered suggestions and recommendations for the future status, structure, and operation of peer review committees for psychologists.

Meldman, M.J.; Johnson, E.; and McLeod, D. A goal list and a treatment method index in an automated record system. *Hospital and Community Psychiatry*, XXVI, June 1975. pp. 365-370.

In this article the authors describe the development and utility of a computerized, goal-oriented psychiatric treatment plan. The authors discuss the current and potential uses of the automated treatment plan approach stressing its particular advantages in conducting peer and utilization review and medical care evaluation studies.

Meredith, C. "Impact of PSRO on Hospital Procedures and Patients." Presented at the 128th Annual Meeting, American Psychiatric Association, Anaheim, California, May 1975.

The impact of PSRO review on the General Adult, Drug and Alcohol units of the Colorado State Hospital is discussed. As a result of the many positive results that were obtained, the review process has expanded to other units.

Meredith, C.; Drissel-Duncan, A.B.; and Kort, H. "Helping Staff in the Field of Mental Health, Alcoholism and Drug Abuse

Learn How to Participate in Effective Peer Review." Presented at the 129th Annual Meeting, American Psychiatric Association, Miami, Florida, May 1976.

The authors present a summary of the major issues raised at a regional PSRO workshop sponsored by the National Association of State Mental Health Program Directors in Denver in December 1975 under contract to the Alcohol, Drug Abuse, and Mental Health Administration.

Miller, R.R.; Black, G.C.; Ertel, P.Y.; and Ogram, G.F. Psychiatric peer review: The Ohio System. *American Journal of Psychiatry*, CXXXI, December 1974. pp. 1367-1370.

This is a discussion of the planning and implementation of a client centered quality assurance program developed through the cooperation of the Ohio Department of Mental Health and Mental Retardation and the Ohio State Medical Society. Details of the review process, the scope of hospital participation in the project, and a list of the measurable improvements resulting from the program are provided.

Miller, S.I., and Schlachter, R.H. A multidimensional problem-oriented review and evaluation system. *American Journal of Psychiatry*, CXXXII, March 1975. pp. 232-235.

The authors describe a data collection, review, and evaluation system using diagnosis and a standardized problem list to define the treatment outcome of therapies delivered in a multidisciplinary setting. Information routinely recorded for all admissions include diagnosis, basic demographic data, treatment to be used, proposed duration of treatment, and other agencies or individuals involved in treatment. The presenting problem is chosen from a 72-item problem list (included in the report). A brief exit report gathers information about the treatment and its outcome.

A Model Program for Quality Assurance in Community Mental Health Centers Within DHEW Region X. DHEW Contract Report. Leonard Gus Associates. Seattle, Washington: November 1976.

The essential elements of a quality assurance program are outlined in this manual, and a detailed model for a CMHC quality assurance program is suggested.

Naftulin, D.H. Credentials consciousness: Stimulus for continuing education and peer review in psychiatry. *American Journal of Psychiatry*, CXXX, June 1973. pp. 653-657.

The author surveys various issues related to credentialing and

continuing education in psychiatry. He offers a patient-management approach to identifying professional competence as an effective means of implementing continuing education.

National Association of Social Workers (NASW). PSRO: *Professional Standards Review Organizations, An Action Service for Social Workers*, 1425 H Street, N.W., Washington, D.C., 20005.

The NASW regularly publishes a newsletter focusing on the direction and impact of the PSRO program as it relates to the social work profession. Subscription is free upon request.

National Institute of Mental Health. *Assessing and Assuring Quality in Community Mental Health Centers*, Washington, D.C.: Superintendent of Documents, U.S Government Printing Office, 1976.

This manual was developed as a guide to CMHCs for developing their own quality assurance programs. It discusses conceptual issues such as the value of explicit criteria and the use of non-clinician personnel. Review procedures connected with the PSRO program such as admission certification, continued stay review, and medical care evaluation studies are described and explained. Special consideration is given to the area of outpatient review.

National Institute of Mental Health. CMHCs and PSROs: The emerging interface. *Administration in Mental Health*. DHEW Publication No. (ADM) 75-192. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, Spring 1975. pp. 12-18.

Areas of mutual interest and concern regarding the effective administration of PSROs and Community Mental Health Centers (CMHCs) are presented. The authors address some of the potential problems that could confront CMHCs and PSROs as the two programs coordinate efforts in the review of necessity, appropriateness, and quality of community mental health care services. Although the PSRO mandate has not yet been extended to CMHCs (except for inpatient services of CMHCs), PSROs must become sensitive to the idiosyncracies characterizing the delivery of mental health services. In addition, CMHCs should demonstrate the effectiveness of their in-house UR mechanisms and educate PSROs as to specific issues regarding the provision of mental health services.

National Institute of Mental Health. PSROs and mental hospitals: A report. *Administration in Mental Health*. DHEW Publication No. (ADM) 75-192. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, Spring 1975. pp. 19-22.

The author reports on some of the early Federal efforts to develop strategies for applying the PSRO process to mental hospitals. In 1973, DHEW funded demonstration projects among several State and public mental hospitals in Colorado, Texas, and Ohio in an attempt to (1) amass a body of knowledge on the assessment of psychiatric care delivered to Medicare and Medicaid patients, and (2) prepare mental hospitals for a delegation of authority to conduct review.

Newman, D.E. Peer review: A California model. *Psychiatric Annals*, IV, January 1974. pp. 75-85.

This is a description of the model peer review system developed at Peninsula Hospital CMHC. Cases are presented to a three-person peer review committee for authorization of payment for psychotherapy. This method is advocated as a useful way of controlling costs and insuring quality care.

Newman, D.E., and Luft, L.L. The peer review process: Education versus control. *American Journal of Psychiatry*, CXXXI, December 1974. pp. 1363-1366.

The authors describe their experience in establishing a peer review system at the Peninsula Hospital Community Mental Health Center, Burlingame, California. Some of the issues that had to be addressed are discussed, both those that have had successful outcomes and those still in process. The review has been successful in promoting more cost-efficient modalities of treatment.

The P.E.P. (Performance Evaluation Procedure) Primer for Psychiatry. 875 North Michigan Avenue, Chicago, Illinois, 60611: Joint Commission on Accreditation of Hospitals, 1975.

This is a workbook for learning and teaching the JCAH psychiatric audit method. Principles illustrated here are relevant to the medical care evaluation studies required by PSROs.

Pinsker, H.; Robbins, E.; and Kleinerman, G. Psychiatric hospitalization: Role of administrative policy. *New York State Journal of Medicine*, July 1972. pp. 1766-1768.

This paper attempts to illustrate the manner in which administrative decisions influence clinical practice. Admission and treatment policies were examined in several diverse inpatient settings to define and demonstrate ways in which these influences occur.

Pinsker, H. Peer review: A way of improving the quality of patient care. *Bulletin of the New York State District Branch of the American Psychiatric Association* (April-May 1975). pp. 6-7.

In describing the component activities of peer review within the Federal PSRO program, the author sets forth the challenge facing psychiatrists in their attempt to use objective review procedures in evaluating and improving the quality of patient care in psychiatry. The author maintains that psychiatry need not be locked into review systems or methods which are appropriate to areas of medicine with specific treatments and clearly defined outcomes. Government regulations are flexible enough, the author indicates, that psychiatrists should be creative in designing and implementing a new review system or approach which meets the profession's specialized needs.

Plaut, E.A. A perspective on confidentiality. *American Journal of Psychiatry*, CXXXI, September 1974. pp. 1021-1024.

The author notes that the traditional stance regarding the confidentiality of communications between the psychiatric patient and doctor has been to proclaim total confidentiality and then to make exceptions. As third-party payors, peer review structures, and government agencies become more deeply involved in the health care delivery system, this traditional stance no longer suffices. What is needed is a thorough understanding of the forces involved and a set of principles to help assess the real needs for confidentiality in a variety of psychiatrist-patient interactions.

Powell, B.J.; Shaw, D.; and O'Neal, C. Client evaluation of a clinic's services. *Hospital and Community Psychiatry*, XXII, June 1971. pp. 189-190.

This is a report of a study designed to clarify attitudes of clients toward a mental health center. A questionnaire was developed which addressed referral sources, reasons for not returning to the clinic, rating of services received, current status, and services offered by the clinic.

PSRO Information Clearinghouse: Selected Information Services. 6110 Executive Boulevard, Suite 250, Rockville, Maryland 20852: Capital Systems Group, Inc.

This is an extended annotated bibliography of articles and books of direct concern to PSRO. In addition, bibliographies are prepared around specific topics. The *PSRO Information Clearinghouse* is published as needed several times a year under contract with the Health Care Financing Administration.

Rabiner, C.J., and Greene, R.S. Evaluation of psychiatric hospital treatment. *New York State Journal of Medicine*, LXXIII, October 1973. pp. 2457-2460.

The authors describe an evaluation of the total treatment program of an inpatient psychiatric hospital and present a variety of instruments useful for this process.

Reynolds, M. Professional review of health care services. *Health and Social Work*, I, November 1976. pp. 39-60.

The author reviews the historical background of different quality assurance approaches including peer review, utilization review, and PSRO. An overview of the PSRO organizational structure is presented with a discussion of the involvement of nonphysician health care practitioners in PSRO. The implications of the PSRO program for the social work profession are considered, and a plea is made for social workers to become more involved in quality assurance efforts.

Richman, A. "Quality Review Courses for Graduate and Undergraduate Credit." Presented at the 129th Annual Meeting, American Psychiatric Association, Miami, Florida, April 1976.

This paper describes seminars in quality review which are conducted for practicing psychiatrists, attending staff psychiatrists, psychiatric residents, and medical students by Beth Israel Medical Center in New York in collaboration with Mt. Sinai School of Medicine and City University of New York. These teaching institutions support the conviction that peer review of the quality of care has become a necessary part of practice.

Richman, A. "Quality Assurance for General Hospital Psychiatry." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

The author discusses several problems in quality assurance which must be overcome. Mechanisms must be developed which result in improvement of care rather than ideologic confrontation, struggles over power, and potential control of professional activities by nonclinical groups.

Richman, A., and Goldin, V. "Peer Review in Psychiatry." Presented at the Panel on Peer Review: An Update, 125th Annual Meeting, American Psychiatric Association, Anaheim, California, May 1975.

In this paper the author discusses the benefits and advantages of peer review. He outlines priorities and the appropriate jurisdictions of psychiatric peer review committees.

Richman, A., and Pinsker, H. Utilization review of psychiatric inpatient care. *American Journal of Psychiatry*, CXXX, August 1973. pp. 900-903.

This is a description of utilization review performed for long-term patients in the New York City Beth Israel Medical Center psychiatric unit. Patients to be hospitalized beyond 30 days are required to have a UR form filled out by their attending physician, presenting reasons why hospital stay should be extended. The UR form is provided in an appendix.

Richman, A., and Pinsker, H. Medical audit by clinical rounds. *American Journal of Psychiatry*, CXXXIII, December 1974. pp. 1370-1373.

The authors describe a system of medical care evaluation (or audit) that is an alternative to systems requiring extensive electronic data processing. Nonphysician reviewers abstract data on preselected topics from hospital records of current or recently discharged patients. Audit findings are then discussed in meetings that include all levels and disciplines of hospital staff, with a focus on patterns of care rather than individual cases. Specific recommendations resulting from these discussions can help achieve the goal of improving the quality of care.

Riedel, D.C.; Brauer, L.; Brenner, M.H.; Goldblatt, P.; Schwartz, C.; Myers, J.K.; and Klerman, G. Developing a system for utilization review and evaluation in community mental health centers. *Hospital and Community Psychiatry*, XXII, August 1971. pp. 229-232.

In 1969, under a contract with the National Institute of Mental Health, the Connecticut Mental Health Center at Yale University initiated a project to develop techniques for utilization review and evaluation of patient care in community mental health centers. The techniques developed have been applied in a model utilization review program begun at the Center in December, 1970. The system has been exported to other mental health centers to test its effectiveness in different settings.

Riedel, D.C.; Brenner, M.H.; Brauer, L.; Goldblatt, P.; Klerman, G.; Schwartz, C.; and Tischler, G.L. Psychiatric utilization review as patient care evaluation. *American Journal of Public Health*, LXII, September 1972. pp. 1222-1228.

The authors report on the nature, objectives, and accomplishments of the Psychiatric Utilization Review and Evaluation Project (PURE), supported by the NIMH and carried out jointly by the Connecticut Mental Health Center and Yale University.

Riedel, D.C.; Tischler, G.L.; and Myers, J.K. *Patient Care Evaluation in Mental Health Programs*. Cambridge: Ballinger, 1974.

The authors of this book focus on the considerations involved in instituting a patient care evaluation scheme for a mental health center. They discuss data recording and collection, criteria development, and application of criteria in a model system developed at the Connecticut Community Mental Health Center. The use of special studies to evaluate patient care and the use of outcome studies are also considered.

Rosenberg, M. Letter: Suggestions for psychiatric record audit. *American Journal of Psychiatry*. CXXII, April 1975. p. 460.

In this response to an earlier *American Journal of Psychiatry* issue devoted to peer review, the need to document the quality of psychiatric treatment is further emphasized. The author promotes the establishment of a psychiatric record audit committee in every hospital and offers a list of 10 informational items which should be collected and included in patient charts. Staff education, developing and improving standards of care, and audits performed by organizations external to the hospital are among the identified potential uses of this information.

Rosenberg, S.N. An eclectic approach to quality control in fee-for-service health care: The New York City medical experience. *American Journal of Public Health*, LXXVI, January 1976. pp. 21-30.

This is a report of a computer-based system for evaluating the quality of fee-for-service health care in the New York City Medicaid program. An eclectic approach to quality assurance is described, which includes office inspections, computerized analysis of patterns of practice as revealed by billing forms, and reexamination of patients.

Ruch, C.E., and Wittenberg, R.E. Utilization review in a large mental hospital. *Hospital and Community Psychiatry*, XVIII, September 1967. pp. 279-280.

The utilization review committee at Saint Elizabeths Hospital in Washington, D.C., a large public mental hospital, is described. A short introductory section discusses the differences between physical medicine and psychiatry, particularly in regard to the standardization of treatment criteria. A brief form used for recording intake information is also provided.

Sampson, L.; Luft, L.L.; Newman, D.E.; and Kaganjian, V. "Peer Review: Therapist and Patient Follow-Up Survey." 125th Annual Meeting, American Psychiatric Association, Anaheim, California, May 1975.

This is a report of the experiences of therapists and patients in a peer review system at the Peninsula Hospital Center, Burlingame, California. The effects on the treatment relationship between psychiatrists, psychologists, and social workers and their respective patients is examined, as well as the effect on treatment outcome.

Schnibbe, J.C., and Drissel-Duncan, A.B. *PSRO and the Alcoholism, Drug Abuse and Mental Illness Services System.* Washington, D.C.: National Association of Mental Health Program Directors, April 1976.

This is a summary of five workshops held in Chicago, Denver, Atlanta, San Francisco, and Boston focusing on the impact of PSRO on mental health, alcohol, and drug abuse programs. Issues discussed at the workshop are summarized and recommendations are presented.

Schulberg, H.C. Quality of care standards and professional norms. *American Journal of Psychiatry*, CXXXIII, September 1976. pp. 1047-1051.

The author discusses the effect on clinical practice of increasing requirements for accountability. He suggests that the result may be that clinicians will produce masses of data for reviewers while simultaneously reducing their commitment to patient care. He urges more use of outcome evaluations and less reliance on process measurements as one solution to this problem.

Singhass, P. "Patient Care Evaluation in a Private Psychiatric Hospital." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May 1977.

This is a report of a patient care evaluation project at Sheppard Pratt Hospital in Baltimore, Maryland. The experience in implementing the project and the review procedures used are described and discussed.

Spadoni, A.J. "Peer Review in Illinois: Four Years' Experience." Presented at the 125th Annual Meeting, American Psychiatric Association, Anaheim, California, May, 1975.

The 4-year experience of the peer review committee established by the Illinois Psychiatric Society is described. Some of the actions taken since its inception include responses to requests by insurance carriers, patients and families, regarding excessive fees and overutilization, and a study of usual and customary fees.

Speigel, J.P., and Hammersly, D.W. Peer review: An obligation for psychiatrists. *American Journal of Psychiatry*, CXXXI, December 1974. pp. 1382-1384.

This editorial calls for the involvement of psychiatrists in establishing peer review at local levels. Threatened cutbacks in coverage from the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and the Federal Employees Health Benefit Insurance Program are presented as an added impetus to the development of local peer review mechanisms.

Spitzer, R.L.; Endicott, J.; and Robins, E. *Research Diagnostic Criteria (RDC) for a Selected Group of Functional Disorders.* Biometrics Research, New York State Psychiatric Institute, 722 W. 168th St., New York, N.Y. 10032, June 1975.

These criteria were developed to enable research investigators to apply a consistent set of criteria for the description or selection of subjects with functional psychiatric disorders. Such criteria, though developed for research purposes, may well prove useful in validating diagnoses during peer review procedures.

Spitzer, R.L.; Endicott, J.; and Robins, E. Clinical criteria for psychiatric diagnosis and DSM-III. *American Journal of Psychiatry*, CXXXII, November 1975. pp. 1187-1192.

The authors identify criterion variance as the largest source of diagnostic unreliability in the practice of psychiatry. Major inadequacies in the description of psychiatric diagnoses, which appear in such standard glossaries as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD), are presented. To supplement the DSM descriptions, the authors offer a set of inclusion/exclusion criteria formally termed Research Diagnostic Criteria (RDC).

Stach, T.W. A guide to the use of procedural terminology for psychiatrists. *American Journal of Psychiatry*, CXXXII, August 1975. pp. 856-860.

The author emphasizes the potential benefits to patients, physicians, and third-party payors from the systematic specification of services rendered by psychiatrists. The utilization of such standardized terminology provides a reporting system that appropriately reflects variations in skill, complexity, and levels of patient care services. The author stresses that reporting on the basis of specific procedures is an essential aspect in assuring quality and appropriateness of psychiatric care.

Sullivan, F.W. Professional standards review organizations: The current scene. *American Journal of Psychiatry*, CXXXII, December 1974. pp. 1354-1358.

This paper, written during the early stages of the PSRO program, offers a good review of the legislative history of Public Law 92-603 (the PSRO statute). The author summarizes the PSRO organizational and operational requirements, the DHEW PSRO implementation strategy, and organized medicine's early response to the PSRO law. The author also discusses the *American Psychiatric Association's Position Statement on Peer Review* and other APA activities concerning PSRO.

Sullivan, F.W. Peer review and PSRO: An update. *American Journal of Psychiatry*, CXXXIII, January 1976. pp. 51-55.

This is a review of developments regarding peer review and PSRO from June 1974-June 1975 in the American Psychiatric Association, Federal Government, and the American Medical Association, as well as the medical profession's reactions to the interim PSRO guidelines. The conclusion is that the impetus for real peer review will be out of the hands of psychiatrists if they do not become involved in the process now unfolding.

Taylor, R.L. Quality control of what? *International Journal of Psychiatry*, XI, September 1973. pp. 374-375.

The author doubts whether quality control of mental health can be achieved by auditing the record to determine the nature of the problem or its proposed solution. He believes that the formulation of the problem or particular therapeutic approach has minimal influence on the psychotherapeutic result as compared to the importance of the interpersonal relationship itself.

Thompson, K.S., and Cheng, E.H. A computer package to facilitate compliance with utilization review requirements. *Hospital and Community Psychiatry*, XXVII, September 1976. pp. 653-656.

This is a description of a utilization review process using a computerized data collection system. The information routinely collected and stored is used for assuring that necessary information is recorded and that treatment plans are updated appropriately.

Thorne, M.Q. PSRO-Future impact on community mental health centers. *Community Mental Health Journal.* XI, Winter 1975. pp. 389-393.

The author examines the requirements and components of the PSRO program, the mandate for nonphysician peer review, and future implications for mental health facilities including community mental health centers. With the eventual review of community mental health centers by PSROs, centers must begin

plans for implementing review programs that evaluate the necessity, the quality, and the cost of services.

Tippett, J., and Smith, B. Developing a utilization review model for CMHCs. *Hospital and Community Psychiatry*, XXVI, March 1975. pp. 165-166.

The authors relate their experiences in formulating a utilization review model based on a problem-oriented method of review. They suggest that UR be done on a multidisciplinary basis and that it be comprehensive. The authors also suggest several study topics for CMHCs.

Tischler, G.L., and Reidel, D.C. A criterion approach to patient care evaluation. *American Journal of Psychiatry*, CXXX, August 1973. pp. 913-916.

This is an early report describing the application of a criterion-oriented approach to evaluating the quality of patient care in a community mental health center. The approach includes a review of the care-giving process by a group of expert clinicians, formulation of criteria, and their transformation into a "decision-tree" mechanism.

Tischler, G.L. "The Psychiatric Resident and Peer Review." Presented at the 129th Annual Meeting, American Psychiatric Association, Miami, Florida, May 1976.

The author argues that peer review should be a required activity during residency training. He discusses issues relating to criteria development, individual case review, patient care evaluation studies, and participation on UR committees. Methods of teaching peer review are described.

Towery, O.B., and Windle, C. "Community Mental Health Centers 1977: Assuring Quality Under Public Law 94-63." Presented at the 130th Annual Meeting, American Psychiatric Association, Toronto, Canada, May, 1977.

The Federal Government is placing greater emphasis on activities associated with assessing and assuring the quality of mental health care. This effort to maximize quality will come from outside centers in the form of applied standards and from within under the new P.L. 94-63 requirements relating to program evaluation and quality assurance. A description of each of the quality assurance requirements associated with P.L. 94-63 is presented, and the benefits and problems associated with each are discussed.

Towery, O.B., and Sharfstein, S.S. Fraud and abuse in psychiatric

practice. *American Journal of Psychiatry*, CXXXV, January 1978. pp. 92-94.

Examples of fraudulent and abusive psychiatric practices are given. Peer review and ethics committees are urged to take an active role in eliminating such practices.

Towery, O.B. The relationship of community mental health centers to the PSRO Program. *American Journal of Psychiatry*, in press.

The author discusses the relationship of community mental health centers to the PSRO program, especially in the area of nonphysician participation. He urges that CMHCs involve themselves with PSROs and actively take part in shaping the direction of the PSRO program.

U.S. Department of Health, Education, and Welfare, Office of the Assistant Secretary for Health, Office of Professional Standards Review. *PSRO Questions and Answers.* Publication #(OS)74-500. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, December 1973.

This DHEW publication alerts psychologists to the actions they should be taking vis-a-vis PSROs in order to ensure their participation in local peer review activities. Presenting important questions and answers on the PSRO system of review, the brochure identifies those sections and provisions in the *PSRO Program Manual* describing the participation of nonphysician health care practitioners. Areas of special concern include the development and ongoing modification of criteria and the joint participation of psychologists with physicians in the review of services.

Valentine, J. Peer review, quality of care, and problem oriented records: Three aspects of accountability. *Hospital and Community Psychiatry*, XXV, October 1974. pp. 678-679.

The author makes distinctions among accountability, reportability, and authority, and applies these distinctions to peer review and problem-oriented records.

Weiner, O.D. The use of MSIS for utilization review. In: Laska, E., and Bank, R., eds. *Safeguarding Psychiatric Privacy: Computer Systems and Their Uses.* New York: Wiley, 1975.

This is a description of a computer-based model review system. The three-level review approach developed at the Connecticut Mental Health Center is described, and the advantages of a computerized data base are emphasized.

Weiner, O.D., and Levine, M.S. A process of establishing norms for inpatient length of stay in a community mental health center. *American Journal of Psychiatry*. CXXXII, August 1975. pp. 842-846.

The authors examine the need to establish norms for length of stay for inpatient services in mental health facilities and to provide review mechanisms for extended care cases. A model which they feel is adaptable to changing needs and Federal regulations is described.

Wirtschafter, D.D., and Mesel, E. A strategy for redesigning the medical record for quality assurance. *Medical Care*, XIV, January 1976. pp. 68-76.

In an attempt to construct a medical record useful in the quality of care evaluation process, the authors suggest restructuring the content of the traditional medical record to facilitate and demonstrate the achievement of problem-specific health care objectives. The data elements necessary for recording and monitoring a patient's diagnostic and therapeutic status (i.e., outcome parameters) constitute the quality assurance data set and can assist concurrent or retrospective review. This article provides an approach for selecting data from the written medical record to be placed in computer storage.

Zitrin, A., and Klein, H. Can psychiatry police itself effectively? The experience of one district branch. *American Journal of Psychiatry*, CXXXIII, June 1976. pp. 653-656.

This paper describes the attempts of the New York City district branch to police itself. The use of an ethics committee as the self-policing vehicle over an 8-year period was largely inadequate because of the lack of investigative personnel and because friendships among the members appeared to interfere with the effectiveness of the activity. The authors suggest that a statewide ethics committee could more adequately accomplish the task. Professional involvement in review is stressed.

Zusman, J., and Reiff Ross, E.R. Evaluation of the quality of mental health services. *Archives of General Psychiatry*, XX, March 1969. pp. 352-357.

The evaluation of quality is an important element of overall program evaluation. The authors examine one approach to the evaluation of the quality of mental health services and suggest ways in which immediate progress may be achieved. The approach they describe divides evaluation studies into three types: outcome studies, process studies, and structure studies.

Zusman, J. Mental health service quality control: An idea whose time has come. *Comprehensive Psychiatry*, XIII, November-December 1972. pp. 497-506.

The author discusses what is heralded as an impending battle between mental health service providers, on the one hand, and purchasers and users on the other. The usefulness of quality evaluation is emphasized and professional involvement is urged.

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